									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999										ı				
_		Effectiv		2/6	74	779								
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED NUMBE				EXTRA	İ	RATE	FEE	1	RATE	FEE	
BASIC FEE									345.00	OR	ile.	690.00		
TOTAL CLAIMS			minus 20=			100			X\$ 9=		OR	X\$18=		l
INDEPENDENT CLAIMS						*	4		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2						P Ev.	130-			+260=		l		
* If the difference in column 1 is less than zero, enter "0" in column 2									TATO:		OR	TOTAL	(30	l
CLAIMS AS AMENDED - PART II									1000	<b>-</b>	OR		L//	
	C		lumn 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CL REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·	33	Minus	**	20	=3		X\$ 9=		OR	X\$18=	54-	
	Independent	•	5	Minus	***	·3	<b>-</b> a		X39=		OR	84x7 <del>8=</del>	168-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=			+260=	7,40	
38									TOTAL		OR	TOTAL		
3								ADDIT. FEE		OR	ADDIT. FEE		ł	
5			umn 1) AIMS	#30 (FEE)		Column 2) HIGHEST	(Column 3)		,					
AMENDMENT B		REM Al	IAINING FTER NOMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	8	Minus	**	23	=	)	X\$ 9=		OR	X\$18=		1
	Independent		3	Minus	***	(5)	= /	C	X39=		OR	X78=	V	
	FIRST PRESE	MIAIIC	ON OF MI	JLTIPLE DEP	'ENL	DENT CLAIM			+130=		OR	+260≠		
									TOTAL	, i	OR	TOTAL		
		· (Coli	umn 1)		ıc	Column 2)	(Column 3)	•	ADDIT. FEE		J <b>O</b> . 1	ADØIT. FEE		-
~	April 1985	CL	AIMS	and brack		HIGHEST		lr		ADDI-			ADDI-	l
AMENDMENT C		AF	AINING TER IDMENT	78 (************************************	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9= ·		or	X\$18=		
	Independent	a <b>t</b>		Minus	***		=		X39=		00	X78=		
_	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEP	PEND	ENT CLAIM		╽┟			OR			
	6 tha a-t		, aaa Abees At		^		li imm O		+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid-Fer" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
	If the "Highest Nui The "Highest Num									oropriate box				